### FORM D

#### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

1424509

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OMB Number:	3235-0	0076
Expires: A	oril 30, 200	8
Expires: Ap Estimated avera	age burden	1
hours per respons	onse:	16.00

OMB APPROVAL



## FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC U	SE ONLY
Prefix		Serial
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	DATE F	RECEIVED
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Waanington 90		Į			
Name of Offering ( check if this is ar	n amendment and name has changed, and indicate	change.)			
Filing Under (Check box(es) that apply	egies Fund, L.P.: Limited Partnership Units  ): □ Rule 504 □ Rule 505 ☑ Rule	506 🗆 9	Section 4(6)	] ULOE	
• • • • • • • • • • • • • • • • • • • •	•	300 LI 3	section 4(0)	J OLOE	
Type of Filing: ☐ New Filing ☑	Amendment  A. BASIC IDENTIFICATION	DATA			
		DATA	—— (###################################	1 <b>6</b>      <b>25</b>      <b>6  1770</b>        <b>3</b>	1011 ((( 1881 -
1. Enter the information requested abo					- 1
Name of Issuer ( check if this is an	amendment and name has changed, and indicate	change.)			
Goldman Sachs Diversified Strate	egies Fund, L.P.			08043303	_
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Tel	lephone Number (1	including Area	Code)
One New York Plaza, New York,	New York 10004		(212) 902-1000		
Address of Principal Business Operatio (if different from Executive Offices		e) Tel	lephone Number (I	Including Area	Code)
Brief Description of Business  To operate as a private investi	ment fund.	•			
Type of Business Organization		<del>,</del>		PRO	OCESSEL
☐ corporation	☑ Iimited partnership, already formed	Do	other (please specif	fy):	-
□ business trust	☐ limited partnership, to be formed			MA	R 2 5 2008
Actual or Estimated Date of Incorporati		ear 7	☑ Actual □	Estimated	HOMSON PO
Jurisdiction of Incorporation or Organiz	zation: (Enter two-letter U.S. Postal Service State: CN for Canada; FN for other for		_	D E	
GENERAL INSTRUCTIONS Federal:		<u>,                                    </u>			
77 <b>d(</b> 6).	ring of securities in reliance on an exemption under Re				
Exchange Commission (SEC) on the earlier	ater than 15 days after the first sale of securities in the of the date it is received by the SEC at the address give tes registered or certified mail to that address.	offering. A ne n below or, if re	otice is deemed filed eccived at that addre	d with the U.S. Sess after the date	Securities and on which it is

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and Director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☑ Promoter\* ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Managing Partner \*Issuer's Investment Manager & sole Member of the Issuer's General Partner Full Name (Last name first, if individual) Goldman Sachs Hedge Fund Strategies, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, NY 10004 ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Goldman Sachs Access Funds GP, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, NY 10004 Beneficial Owner Executive Officer ☑ Director\* General Partner and/or Check Box(es) that Apply: ☐ Promoter \*of the sole Member of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Barbetta, Jennifer (Number and Street, City, State, Zip Code) Business or Residence Address One New York Plaza, New York, NY 10004 Executive Officer\* ☑ Director \* General Partner and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner \*of the sole Member of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Clark, Kent (Number and Street, City, State, Zip Code) Business or Residence Address One New York Plaza, New York, NY 10004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director\* General Partner and/or \*of the sole Member of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Asali, Omar **Business or Residence Address** (Number and Street, City, State, Zip Code) One New York Plaza, New York, NY 10004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director \* ☐General Partner and/or \*of the sole Member of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Ort, Peter Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, NY 10004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General Partner and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter Beneficial Owner Executive Officer Director General Partner and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

					B. IN	FORMAT	ION ABO	UT OFFI	ERING	<del>.</del>				
												Yes	No	
1.	Has the	issuer solo	d, or does th	e issuer inte	end to sell,	to non-accre	edited inves	tors in this	offering?	******************			Ø	
				A	Answer also	in Append	ix, Column	2, if filing u	ınder ULOI	Ξ.				
2.	What is	the minimur	n investment	that will be a	ccepted fron	n any individ	ual?					\$ 200		
	*Subje	ct to the so	ole discreti	on of the G	eneral Part	tner to acce	ept lesser aı	nounts.				2,00	00,000*	
												Yes	No	
3.	Does th	ne offering	permit joint	ownership	of a single	unit?						Ø		
	commis If a pers or state a broke	ssion or sin son to be li s, list the n er or dealer,	nilar remun isted is an a lame of the you may so	eration for s ssociated pe broker or de et forth the i	solicitation rson or age ealer. If mo	ho has been of purchase ont of a broke ore than five for that bro	rs in connecter or dealer e (5) person	ction with sa registered s s to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state	<u> </u>	····	
Full NO		(Last name	e first, if ind	lividual)										
Bus	iness or	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						· ·	
Nan	ne of A	ssociated E	Broker or De	ealer		<del></del>								
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-	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]	
Full	Name	(Last name	e first, if ind	ividual)										
Bus	iness of	r Residence	Address (l	Number and	Street, City	y, State, Zip	Code)							
Nan	ne of A	ssociated E	Broker or De	ealer		<u>~_</u>								
State	es in W	hich Perso	n Listed Ha	s Solicited o	or Intends to	o Solicit Pu	rchasers		<del></del>	<del></del>		<del></del>		
								•••••	*****************					
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	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name	(Last name	e first, if ind	ividual)										
Bus	iness or	r Residence	: Address (1	Number and	Street, City	y, State, Zip	Code)							
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	RI]	[SC]	[SD]	[NT]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt	\$_	0	\$ 0
	Equity	\$_	0	\$ 0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	0	\$ 0
	Other (Specify) Limted Partnership Units	\$_	241,770,216	\$ 241,770,216
	Total	\$	241,770,216	\$ 241,770,216
	Answer also in Appendix, Column 3, if filing under ULOE.		•	<del></del>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number	Aggregate Dollar Amount
2. 4 the			Investors	of Purchases
	Accredited Investors	_	198	\$ 241,770,216
	Non-accredited Investors	_	0	\$ 0
	Total (for filings under Rule 504 only)	_	N/A	\$ N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of	Dollar Amount
	Type of offering		Security	Sold
	Rule 505	_	N/A	\$ N/A
	Regulation A	_	N/A	\$ N/A
	Rule 504	_	N/A	\$ N/A
	Total	_	N/A	\$ N/A
tl tl	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs		0	\$ 0
	Legal Fees		፟	\$ 97,391
	Accounting Fees			\$ 0
	Engineering Fees.			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify) legal and miscellaneous		0	\$ 0
	Total		Ø	\$ 97,391

	E, NUMBER OF INVESTORS, EX			AND USE OF F	KOCE	EDS	
<ul> <li>b. Enter the difference between the aggregate offering price given in response to Part C</li> <li>Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."</li> </ul>							241,672,825
to be used for each of the purposes shorturnish an estimate and check the box	wn. If the amount for any purpose is not to the left of the estimate. The total gross proceeds to the issuer set forth in r	known l of th	n, ie				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0	_ 🗆	\$_	0
Purchase of real estate			\$_	0	_ 🗅	\$_	0
Purchase, rental or leasing and installati	on of machinery and equipment		\$_	0		\$_	0
Construction or leasing of plant building	s and facilities		<b>\$</b> _	0		\$_	0
Acquisition of other businesses (includ this offering that may be used in excanother issuer pursuant to a merger)	ing the value of securities involved in hange for the assets or securities of		\$	0	<b>-</b>	\$	0
•			\$ - \$	0		° -	0
• •			~ - «	0	 	ς-	0
<u>-</u> .			\$ - \$	0	- <u>-</u>	• -	241,672,825
Other (specify): Investment capital			-				241,672,825
Column Totals			\$_	0	_ 🗹	\$_	241,072,023
Total Payments Listed (column totals ad	dcd)			<b>Z</b> \$	241,6	72,82	5
	D. FEDERAL SIGNATU	RE	-				
The issuer has duly caused this notice to following signature constitutes an undertak its staff, the information furnished by the is	ing by the issuer to furnish to the U.S. See	curitie	s and	Exchange Commi	ssion, u	unde pon w	er Rule 505, the rritten request of
ssuer (Print or Type) Goldman Sachs Diversified Strategies Fund , L.P.	Signature			Date March 17, 200	8		
Name of Signer (Print or Type)	Title of Signer (Print or Type)					,	
Caroline Kraus Director of the sole Member of Issue				ral Partner			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

